A new Government; and new Ministers at DHSC

The election of the Labour Government in July 2024 meant that a new set of Ministers had to be co-opted into the cover-up, most likely without their overt knowledge given they were inheriting the Covid policies of the previous Government. Government Ministers have written to other MPs as recently as April 2025 maintaining the lie of March 2020. I know of four letters but expect there to be others.

These letters are detailed below, but in summary:

A letter was authored for Andrew Gwynne to sign and send to Tim Farron in January 2025 repeating the fundamental lie that Covid is only transmitted through droplets; another from Ashley Dalton to Farron in March, which seemed to contradict that position, because, I believe, it was authored by someone different; and then an unsolicited letter three days later from Dalton to Farron which reverted to the March 2020 position that Covid was spread by droplets, seemingly once alarm bells had rung following Dalton's previous letters. And then in April 2025, a letter was written for Dalton to sign and send to Andrew George MP, again repeating the knowingly erroneous position that Covid was spread by droplets.

The DHSC position was also undermined by letters from the Department for Education (explained below) leading, it seems, to interventions by DHSC to prevent further such occurrences.

Why are Labour Ministers perpetuating the lie created by the previous Conservative Government when they could rectify it easily and protect the health and lives of healthcare workers. Who is advising them to follow the illegal procedures instigated by the previous Government? Is it a fear of litigation that is driving the continuation of the lie? I believe that three of these four letters were authored by a member of, or someone close to, the IPC Cell that has driven the cover-up since 2020.

The fundamental lie of March 2020, the original sin, has become institutionalised, and the Government continues to break the law by mandating the use of illegal surgical masks which are not PPE.

Correspondence from DHSC Ministers to Tim Farron MP

A constituent of Tim Farron MP contacted him about Long Covid. Farron then wrote to Wes Streeting MP as Secretary of State for Health and Social Care. There has been some backwards and forwards between Farron and DHSC, resulting in three letters to him from DHSC. All of them cause problems for the Government and compound and exacerbate what was started in March 2020. Indeed, they are written as a direct consequence of the March 2020 decision, and Lisa Ritchie is once again at the heart.

Here is the story of those three replies to Tim Farron.

Reply 1

On 29 November 2024, Farron wrote to Wes Streeting, and Andrew Gwynne MP replied as the Parliamentary Under-Secretary of State for Public Health and Prevention on 16 January 2025. You can see the letter here:
https://archive.org/details/2025-01-16-letter-andrew-gwynne-mp-to-tim-farron-mp-from-x-aka-twitter

This letter created quite a storm among experts, and even ridicule. CATA responded formally about it:
https://www.bapen.org.uk/pdfs/covid-19/letter-to-andrew-gwynne-mp-from-cata-executive.pdf

In his reply to Farron, Andrew Gwynne majored on part of the testimony from Dr Lisa Ritchie at the Covid-19 Inquiry when she asserted that *"Covid is not predominantly transmitted through the aerosol route".* There are a number of complications with Andrew Gwnne using this statement, and whoever drafted the letter for him had, probably inadvertently, I thought at the time, created difficulties for him.

Dr Ritchie asserted at the Covid-19 Inquiry that the predominant mode of spread for Covid-19 is droplet and contact in response to questioning from CATA's lawyer, which is where the line for the letter came from.

However, Dr Ritchie herself, in her evidence, also accepted that there are other transmission routes. In her witness statement to the Covid-19 Inquiry of 23 July 2024, she said *"the declassification of Covid-19* [in March 2020] *was not a shift away from a belief that the predominant mode of transmission was airborne (with respect to the HCID definition of airborne)"*.

In her evidence of 16 September 2024, Dr Ritchie accepted that the awareness that the opinions that airborne was a likely route of transmission for Covid-19 changed towards the end of the period to July 2022 and subsequently. She then agreed that it would be prudent to protect against all forms of transmission (ie airborne and droplet) rather than just the one (droplet). However, she contradicted that when asked at the Inquiry whether the IPC Cell had ever reached a point where they collectively thought that airborne transmission was a significant threat which needed to be guarded against (e.g. with routine use of FFP3 masks). She simply replied: "No".

Professor Chris Whitty had said at the Inquiry that whilst he was still unsure that aerosol was the dominant route of transmission, he now accepted that it was substantially more important than they believed at the start of the pandemic. Yet in his Technical Report, Whitty states fomite risk is less than 1:10,000 contacts, a figure derived from CDC. He also said that the view shifted during the first year of the pandemic. However, early in the pandemic in evidence to the Health and Social Care Select Committee on 5 March 2020, he is quoted as saying that Covid-19 is airborne (see page 3, para4):
https://committees.parliament.uk/oralevidence/113/pdf/

Dame Jenny Harries agreed in her evidence in November 2024 that Covid-19 was transmitted via the airborne route potentially as well as via other routes. She went onto say that the learning from this pandemic for future pandemics was *"a movement away from a belief that it was predominantly but not exclusively a fomite and droplets route of transmission to one that where their starting point was that a new virus would be transmitted by both airborne and droplet because that is what we have seen with SC2"*. But still not a single piece of evidence demonstrated droplet transmission.

So both Whitty and Harries challenge the certainty that Ritchie has about the mode of transmission; and Ritchie herself contradicts her own certainty in her own evidence. Which

undermines Andrew Gwynne's certainty expressed in his letter. Furthermore, their evidence that recognition of the aerosol/airborne route was known about as far back as 2020, contrasted sharply against Lisa Ritchie's evidence that it only started to become known in 2022.

And here I should remind that COSHH, and the associated Approved Code of Practice, requires RPE to protect against *all* routes of transmission – especially when the hazardous agent is "airborne". This is whether or not it is *'predominantly* airborne' as asserted by Lisa Ritchie.
https://www.legislation.gov.uk/uksi/2002/2677/schedule/2A

In the letter, Andrew Gwynne urges caution about drawing conclusions from social media discussions and instead to rely on accepted global scientific evidence from such as the UKHSA, of which, of course, Jenny Harries was the Chief Executive.

Further, expert after expert testified at the Inquiry that aerosol was the most likely route of spread of Covid-19. I'm not going to list them all here, but chief among them were Professor Cath Noakes and Professor Clive Beggs, both hugely respected in their fields. I have read their transcripts, and they are devastating when juxtaposed against Andrew Gwynne's letter. Professor Beggs evidence is linked below, as is a handy one-page summary of it:
https://x.com/_CatintheHat/status/1883858640677003359
https://covid19.public-inquiry.uk/documents/inq000474276-expert-report-by-professor-clive-beggs-titled-an-expert-report-on-the-physical-sciences-underpinning-covid-19-transmission-and-its-implications-for-infection-prevention-and-control-in-h/

To undermine further the content of Andrew Gwynne's letter, in the Government's Independent report, 'COVID-19 and Occupational Impacts', published 16 November 2022, it states:

> *Transmission of and Exposure to SARS-CoV-2: Transmission Pathways*
>
> *Modes of transmission of SARS-CoV-2 are becoming better understood. In common with other respiratory infections, the transmission route involves transfer of the virus from an infected person to the recipient, predominantly through the respiratory tract. At the start of the pandemic the prevailing authoritative opinion stressed the potential risk from contact with contaminated surfaces (fomites), and inhalation of relatively large infective droplets[1]. More recent evidence suggests that transmission from surfaces is less important and that droplet transmission is feasible only when individuals are in close proximity (SAGE-EMG, 2020a). The main route is airborne transmission through inhalation of aerosols (very fine particles suspended in air), which can be transmitted indoors over distances of several metres (Meyerowitz et al,. 2021; Stadnytskyi et al., 2021). Breathing, talking and singing result in the emission of fine aerosol, with higher vocalisation volumes substantially increasing the amount of aerosol emitted; coughing emits similar amounts of fine aerosol to loud speaking or singing (Gregson et al., 2021).*
> https://www.gov.uk/government/publications/covid-19-and-occupational-impacts/covid-19-and-occupational-impacts#transmission-of-and-exposure-to-sars-cov-2

[1] But these large droplets were in fact aerosols, otherwise they could not be inhaled.

Andrew Gwynne also states in his letter that the position described by Dr Ritchie aligns with the scientific evidence provided by the WHO. Except it doesn't. As well as earlier comments about the changed position of WHO, this document from WHO, published in March 2024, clearly states that airborne transmission of SARS-CoV-2 is significant: https://iris.who.int/handle/10665/376346

The introduction to the WHO document says that its purpose is to introduce *"an innovative method to quantify the risk of SARS-CoV-2 airborne transmission in indoor settings, thereby providing an alternative approach to developing ventilation requirements that lower the risk of infection."*

It outlines the following major modes of transmission:

- Airborne: long-range (>2m)
- Airborne: short-range (<2m)
- Direct deposition
- Contact (direct or indirect transfer)

The document contains what it calls an 'Important Note': *"While SARS-CoV-2 can spread through multiple routes of transmission, the model outlined in this document only considers short- and long-range AIRBORNE transmission (with short-range limited to particle inhalation and not direct deposition)."*

It also includes a handy explanation of *"Airborne or Inhalation transmission": "The process whereby aerosolized infectious respiratory particles are inhaled & enter the respiratory tract of a susceptible person."* (Note that "Aerosolized" is the important word here, not droplets.)

The WHO document includes: *"Long-range transmission can occur in indoor, enclosed settings when infectious particles accumulate over time in a given volume, at room scale, where the viral concentration is sufficient enough to cause infection once infectious particles are inhaled by a susceptible host."*

And it says that the previous SARS/MERS outbreaks and the current Covid-19 pandemic *"have given a new impetus to researching airborne transmission". In turn, this has "raised awareness of the importance of ventilation strategies for public health purposes – in both healthcare & other public settings".*

The WHO document says *"Currently, the recommended minimum ventilation rate for hospital rooms under airborne precautions is 12 ACH (Air Changes per Hour) or 160 L/s per patient in most guidelines." And "Increasing the ventilation rate decreases the risk of transmission of infectious aerosols to those present."*

Prof Beggs discussed this in his testimony to the Covid-19 Inquiry, explaining that the ventilation rates on hospital wards are often well below those specified in the guidelines. At Addenbrookes, they measured ventilation rates on several wards for the elderly and found they weren't even getting 1 ACH!

All of which is contrary to the information in Andrew Gwynne's letter to Tim Farron. In the letter, he says that the Government's stance on Covid-19 being predominantly droplet will remain until scientific evidence provided by the WHO changes. It had already changed.

A letter from Stephen Morgan as Minister for Early Education sent to Brian Mathew MP on 7 November 2024 about air quality monitoring in schools is also in direct contradiction to Gwynne's statement in his letter. Stephen explicitly says that ventilation can *"reduce the risk of airborne illnesses like COVID-19"*. That letter can be seen here: https://tinyurl.com/ymn4jhu2

And remember that Lisa Ritchie was asked at the UK Covid-19 Inquiry why, if she didn't think Covid-19 was airborne, did she recommend ventilation as a mitigation. Something very strange was going on.

Dr Ritchie is Deputy Head of Infection Prevention and Control for NHS England and ran the Covid-19 IPC Cell, whose role was to *"translate scientific evidence & advice [...] into practical IPC guidelines"*. It was for others to determine modes of transmission, she told the Covid-19 Inquiry under oath, not her. As such, her opinions should not be relied upon by Government Ministers in this regard, and thus, I thought, from Gwynne was hugely problematic for the Government. I wondered why it had been written for a Minister to sign.

When scientific opinion about Covid-19 being airborne shifted over the first year of the pandemic, why did the IPC guidance not change?

The key point is that the whole thing about whether or not Covid-19 is 'predominantly' airborne is a red herring. The official national guidelines in effect today clearly state: *"a filtering face piece (FFP) must be considered when a patient is admitted with a known/suspected infectious agent/disease spread *wholly or partly* by the airborne route."* Everyone agrees it is at least partly airborne so why aren't they following the guidance? https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/chapter-2-transmission-based-precautions-tbps/

Both independent IPC experts at the Covid-19 Inquiry (Dr Warne & Dr Shin) agreed that the IPC guidelines should now be updated to recommend the routine use of FFP3 masks should be used when treating patients with suspected or confirmed Covid-19 or flu.

By way of example: It is known that HIV is transmitted through sexual activity and through contaminated blood. However, it can be said with confidence that the predominant means of transmission is by sexual activity. Does that therefore mean that there should be no IPC for the blood route? That warnings shouldn't be given about the dangers of drug users sharing needles with an infected person, for example? Obviously, both routes of transmission should be subject to IPC measures, were, and still are.

So even if for Covid-19, it actually was, say, 80/20 droplet/aerosol, should no precautions be taken at all against the aerosol route? And as it turns out, now, it seems that aerosol, at least according to the WHO, Chris Whitty, Jenny Harries, and many experts giving evidence at the Covid-19 Inquiry, is a *significant* mode of transmission for SARS-Cov-2, *and probably the predominant one*. Surely protections against that route of transmission should be part of the mix to keep the public and workers safe? The only person who seems to disagree with that is Lisa Ritchie, one of the main people advising Ministers about this. I believe she had to co-opt the new Ministers into her (and others') cover-up of the March 2020 decision to downgrade FFP3s to FRSMs in order to protect her own (and others') reputation.

The Covid-19 Inquiry has already found that the previous government "failed its citizens" due to a culture of "groupthink" where ministers failed to challenge the advice they received. It looked like the newly elected Labour Government was falling into the same trap.

Addendum to Reply 1

Soon after this, I learnt from an insider that the letter had been written by a friend of Lisa Ritchie and written to protect the prior decisions and reputation of Lisa Ritchie, and that it was given to Gwynne to sign outside of the usual protocols for checking Ministerial correspondence in order for it to be written the way it was. I do not know if this is true.

At the same time as the reply from Gwynne to Farron was made public, three short videos were published using a recording of Andrew Gwynne from when he was in opposition that demonstrate that he personally knows about the airborne nature of Covid-19, how to prevent it spreading and the future health problems it causes. Which begs the question why he wasn't pushing back against the advice he was receiving within DHSC from Lisa Ritchie about the airborne nature of the viral spread. Those three videos (each are 140 seconds long) are here: https://www.youtube.com/@TheCovidCoverUp

Reply 2

The letter from Gwynne to Farron was full of factual and scientific inaccuracies, but it was designed to support Lisa Ritchie's decision and assertion that Covid-19 was spread by droplets and thus surgical masks would be protection for healthcare workers against it. I wouldn't expect the Minister to know all this, especially as this was a new Government who weren't involved in the decision-making and chicanery of March 2020. They would trust their advisors on this.

Tim Farron's constituent, with the help of experts, went back to Farron and explained the problems with Gwynne's letter to him, so Farron replied to Gwynne on 17 January 2025. Andrew Gwyne resigned as Minister following the release of his WhatsApp messages about local voters in his constituency. He was replaced by Ashley Dalton, and she then replied to Farron on 11 March 2025. Her reply can be seen here: https://archive.org/details/2025-03-11-letter-ashley-dalton-mp-to-tim-farron-mp/mode/2up

The new letter acknowledges, albeit in a mealy-mouthed way, that Covid-19 can indeed be spread by aerosols, but that they aren't going to change IPC guidance. It marks a change in stance, and I speculate that it is because Lisa Ritchie was not involved in this letter being written.

This admission now caused a very big problem for the Government, because they had admitted that Covid-19 is airborne, yet their IPC doesn't mandate the PPE that is required for this. The NHS IPC Guidance continues to mandate FRSMs. Which is illegal, and Dalton's letter confirms that the NHS is now acting against the provisions of the Control of Substances Hazardous to Health (COSHH) 2002 legislation. They, and those responsible, are committing a crime. And shortening lives by causing earlier-onset chronic health conditions in hundreds of thousands of people. And have been doing so since March 2020.

In January 2026, an open letter was sent to WHO calling for the universal use of FFP3 respirator masks in healthcare because surgical masks do not provide adequate protection. It was signed by over 2,300 signatories worldwide, representing healthcare workers, researchers, educators, patients, and concerned members of the global health community. https://whn.global/a-call-for-the-universal-use-of-respirators-in-healthcare/

This should now become the biggest class action law suit the country has ever seen. Because Ashley Dalton has confirmed in these letters both the aerosol nature of Covid-19 (as of course did Jenny Harries, Chris Whitty, and many others at the Covid Inquiry) and that the NHS guidance is to provide knowingly inadequate PPE to deal with aerosol hazards. It's huge. And going to become a problem for the Government.

Reply 3

It seems that the reply sent by Ashley Dalton to Tim Farron (reply 2, above) set the alarm bells ringing in the DHSC about the potential problem it caused the Government, because another, unsolicited, letter was quickly sent by Dalton to Farron. There had been no communications from Farron to Dalton between the two letters. This 3rd letter was sent on 14th March and returns to the 'Dogma of Droplets'.
https://archive.org/details/2025-03-14-letter-ashley-dalton-mp-to-tim-farron-mp

It repeats the original assertion from the first reply (Gwynne to Farron, 16/1/25) that Covid-19 is droplet-spread and that the WHO agrees, and repeats that until the WHO change their position, the UK Government won't. It is written as though reply 2 of 11 March 2025 doesn't exist. And of course, as explained under reply 1 above, the WHO position had already changed. They say that Covid-19 is spread by aerosol.

CATA formally responded to this letter as it had been put into the public domain. That letter can be seen here:
https://www.bapen.org.uk/pdfs/covid-19/cata-letter-to-ashley-dalton-mp.pdf

CATA confirms to the Minister that health & safety legislation has supremacy over any guidance in the National IPC Manuals, and that those manuals do not comply with Health and Safety legislation (COSHH/PPE). They said that now that the Minister was aware of this, she needs to act (or "knowingly permit" offences).

CATA also said that H&S legislation should always have had supremacy over the "4-Nations IPC guidance" authored by L Ritchie & J Van-Tam on 12 March 2020 which became effective on 13 March 2020 and downgraded the mandated masks from FFP3 to FRSMs. However, they said, the law wasn't enforced by the Health and Safety Executive, who abrogated their duty and seemingly colluded to enable the illegal 4-Nations IPC Guidance to be used.

A fourth letter from DHSC appears

In October 2024, a constituent of Andrew George MP wrote to him about Covid-19, and specifically about its transmission by airborne routes and suggesting solutions that involved cleaning the air of pathogens especially in schools and healthcare settings. Andrew George didn't write to DHSC until March 2025 (he apologised for the delay in acting), and Ashley Dalton responded to him on 8 April 2025.

Her response cites outdated guidance, which has even been updated by the Government, but she acknowledges that Covid-19 can be spread by airborne routes. It referenced government publications from 2021, rather than subsequent guidance by UKHSA and the HSE. It also referenced World Health Organisation guidance which had since been superseded. Dalton suggested that the extent to which Covid-19 had an airborne transmission pathway was still the subject of ongoing uncertainty and research. It isn't. She was wrong in her suggestion.

Her response misrepresented the advice from UKHSA, which highlighted the importance of preventing airborne transmission through ventilation and ignored the extensive technical guidance that WHO member states are supposed to follow which provides a methodology for the calculation of transmission rates arising from airborne contamination in a host of environments.

CATA has written to the Minister, as it had done to her predecessor, to point out that she has been incorrectly advised on current Government and WHO guidance on airborne transmission, aside from any disagreement on science. The Minister has not replied, despite being outside Ministerial correspondence timescales. This is possibly because errors in her correspondence opens up the Government's published decision-making to the potential for judicial review, or that it may jeopardise NHS employers' defence to claims being mounted by healthcare workers who had insufficiently controlled exposure to Covid-19, resulting in harm to their health. The fourth letter can be seen here:
https://tinyurl.com/2s42ywsm

DHSC position further undermined by DfE

As well as the letter referenced above, from Stephen Morgan as Minister for Early Education sent on 7 November 2024 explicitly stating that ventilation can "reduce the risk of airborne illnesses like COVID-19", on 30 October 2025, Josh MacAlister MP, Minister for Children and Families at the Department for Education, wrote to Ian Murray MP after Ian had written on behalf of a constituent who had enquired about Government policy on clean air in Schools.

This letter further undermines the DHSC position.

In this letter, Josh MacAlister says: *"Letting fresh into indoor spaces can help remove air that contains virus particles which reduce the risk of airborne respiratory illness (including COVID-19, flu and strep A) and can improve pupil's alertness and attention."*

So, the DfE are happy to acknowledge that Covid-19 is airborne. Why not the DHSC?

The MacAlister letter can be seen here:
https://archive.org/details/2025-10-30-letter-josh-mac-allister-minister-for-children-and-families-to-ian-murray-mp

A Written Parliamentary Question

On 5 February 2025, Chris Coghlan MP asked the following Written Parliamentary Question of Wes Streeting:

> To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 20 January 2025 to Question 24011 on Coronavirus: Disease Control, when he plans to update the National Infection Prevention and Control Manual and Health Technical Memoranda guidelines **to ensure (a) recognition of the role of airborne transmission of SARS-Cov-2** and (b) appropriate guidance on (i) **the use of FFP3 masks,** (ii) improved standards of ventilation and air filter devices in (A) clinical and (B) non-clinical healthcare settings and (iii) other measures to limit airborne transmission of (1) Covid-19 and (2) other respiratory viruses; and if he will take steps to ensure the distribution of those guidelines to all employers and providers of healthcare workers.

It was answered by Ashley Dalton on 17 February 2025:

> The NHS England National Infection Prevention and Control Manual (NIPCM) provides adaptable guidance to support local decision-making. Healthcare organisations are responsible for conducting dynamic risk assessments to determine when enhanced infection control measures, such as the use of FFP3 masks, are necessary. These assessments take into account factors such as ventilation quality, local infection prevalence and specific care environments.
>
> **Should new evidence emerge that warrants updates, the guidance will be reviewed and revised accordingly** by NHS England and UKHSA to ensure the highest standards of infection prevention and control are maintained across healthcare settings. Any updates will be disseminated appropriately to healthcare employers and providers to support consistent implementation

The answer by the Minister was a clear continuation of the existing Infection Prevention and Control Guidance which is (still, even now) to mandate FRSMs for the treatment of Covid-19, which are still not legal PPE under COSHH legislation, and because the IPC Cell dogma of droplets endures, as well as a determination not to recognise that, in the words of Baroness Hallett from her Module 1 report (para 1.12) published in July 2024, *"…the primary routes of transmission for pandemic influenza and coronaviruses are airborne and respiratory…"*.

The Labour Ministers have been involved, unwittingly, I believe, in covering up the original sin of March 2020, because, to repeat, as one of the original decision-makers said in September 2020: *"if you wanted to change the guidance itself, it would need a very careful narrative, as it would be easy to give the impression that we got it wrong the first time when it is something we collectively signed off on"*.